

**FIFTH THIRD BANK, KENTUCKY, INC.**  
**APPLICATION FOR KENTUCKY ASSISTIVE TECHNOLOGY LOAN PROGRAM**

Amount of Loan Applied for		Purchase price of Assistive Technology	
Applicant Last Name		First Name	Middle Initial
Street Address		How Long? Yrs _____ Mos _____	
City	County	Zip Code	
Previous Address (If Less Than 2 Years At Present Address)			
Birthdate	Social Security Number	Phone Number ( )	Number of Dependents
Name and Location of Bank Where You Maintain Your Primary Account Relationship			
(If Applicable) Employer	Address	Phone Number ( )	
Position	Supervisor	Length of Employment	
Previous Employer	Phone Number ( )	Length of Employment	
Name of Nearest Relative Not Living With You		Phone Number ( )	
Co-Applicant Last Name		First Name	Middle Initial
Street Address		How Long? Yrs _____ Mos _____	
City	County	Zip Code	
Previous Address (If Less Than 2 Years At Present Address)			
Birthdate	Social Security Number	Phone Number ( )	Number of Dependents
(If Applicable) Employer	Address	Phone Number ( )	
Position	Supervisor	Length of Employment	
Applicant Housing Information Check One: <input type="checkbox"/> Own <input type="checkbox"/> Rent                      Amount of Monthly Mortgage or Rent Payment    \$ _____ <input type="checkbox"/> Live with family member(s)			
Name and Phone Number of Landlord or Mortgage Holder			
(If Owned) Purchase Price	Date of Purchase	Balance	Estimate of Current Value
<b>Gross Annual Income</b> (Child support, alimony or separate maintenance need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.)			
Applicant Salary		Co-Applicant Salary	
Bonus & Commission		Other Income (List Source)	
Interest / Dividend Income		1.	
Rental Income		2.	
		3.	
<i>Total Gross Annual Income, Applicant &amp; Co-Applicant.....\$</i>			
<b>Credit References</b> (List All Obligations, Including Utilities If Applicable; Attach Separate Page If Necessary)			
Name of Creditor		Balance	Monthly Payment
1.			
2.			
Are you obligated to pay child support, alimony or separate maintenance?			
<input type="checkbox"/> No <input type="checkbox"/> Yes		Monthly Amount	\$ _____
Have you ever had a car or other merchandise repossessed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes, Name of Company _____			
Have you ever filed bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If Yes, please attach separate sheet with complete explanation &amp; dates.</b>			

**NOTE:** By signing below, Applicant and Co-Applicant agree that FIFTH THIRD BANK, KENTUCKY, INC. may share with the KENTUCKY ASSISTIVE TECHNOLOGY LOAN CORPORATION the contents of this application and information concerning Applicant's payment performance with regard to any loan that may be granted as a result of this application.

\_\_\_\_\_  
**Applicant's Signature, Date**

\_\_\_\_\_  
**Co-Applicant Signature, Date**

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**PERSONAL FINANCIAL STATEMENT**

IMPORTANT: Check box "J" if assets are owned, or liabilities are owed, jointly.  
Indicate how the asset is titled and how much you own or owe in the appropriate schedules below.  
If additional space is needed, please attach a separate sheet.

ASSETS	AMOUNT	J	LIABILITIES	AMOUNT	J
Cash on Hand & in Bank (Schedule 1)	\$		Loans Against Real Estate (Schedule 4)	\$	
Savings Certificates (Schedule 1)	\$		Notes payable to Banks	\$	
Stocks and Bonds (Schedule 2)	\$		Credit cards & Other Liabilities:		
Cash Value of Life Insurance (Schedule 3)	\$		1.	\$	
Automobiles / Other Vehicles	\$		2.	\$	
Real Estate (Schedule 4)	\$		3.	\$	
Interest in Business Owned	\$		4.	\$	
Other Assets	\$		TOTAL LIABILITIES	\$	
TOTAL ASSETS	\$		NET WORTH (ASSETS MINUS LIABILITIES)	\$	

**SCHEDULE 1 – CASH ON DEPOSIT**

Name and Location of Bank	Balance	Type of Account	In Name Of

**SCHEDULE 2 – STOCKS AND BONDS**

# of Shares	Description	Title in Name Of	Market Value	Pledged to Whom

**SCHEDULE 3 – LIFE INSURANCE**

Name of Insurance Company	Name of Insured	Face Amount	Cash Value

**SCHEDULE 4 – REAL ESTATE**

Description and Location	Market Value	Balance Owed	Mortgage Holder	Mo. Pmt.	Purchase Price

**DO NOT COMPLETE THE INFORMATION IN THIS BLOCK UNLESS THE PURPOSE OF THIS LOAN IS HOME IMPROVEMENT.**

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the Lender's compliance with Equal Credit Opportunity, Fair Housing, and Home Mortgage Disclosure laws. You are not required to furnish this information, but you are encouraged to do so. The law provides that a Lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under Federal Regulations the Lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check below.

**APPLICANT**

\_\_\_\_ I do not wish to furnish this information.

Sex:

☐ Female ☐ Male

Race / National origin:

- ☐ American Indian or Alaskan Native  
☐ Asian or Pacific Islander  
☐ Black  
☐ Hispanic  
☐ White  
☐ Other (please specify) \_\_\_\_\_

**CO-APPLICANT**

\_\_\_\_ I do not wish to furnish this information.

Sex:

☐ Female ☐ Male

Race / National origin:

- ☐ American Indian or Alaskan Native  
☐ Asian or Pacific Islander  
☐ Black  
☐ Hispanic  
☐ White  
☐ Other (please specify) \_\_\_\_\_

**Applicant's Initials, Date**

**Co-Applicant's Initials, Date**

Number of Pages Attached \_\_\_\_\_ (Note: Applicant and any Co-Applicant must initial each page of attachment.)